

**From:** 62442-77275791@requests.muckrock.com  
**Sent:** Wednesday, October 17, 2018 1:23:06 PM (UTC-05:00) Eastern Time (US & Canada)  
**To:** PA FOI  
**Subject:** New York Freedom of Information Law Request: Lincoln Tunnel graffiti

The Port Authority of New York and New Jersey  
FOIL Office  
4 World Trade Center, 25th Floor  
150 Greenwich Street  
New York, NY, NY 10007

October 17, 2018

To Whom It May Concern:

Pursuant to the New York Freedom of Information Law, I hereby request the following records:

Records pertaining to the removal on Wednesday, October 17, 2018 of graffiti on the NJ-bound side of the Lincoln Tunnel, which read, "We must secure an existence 4 our people + a future 4 white children." Please include all property damage, maintenance, and public relations records, as well as police blotter referrals, pertaining to the graffiti. You may limit your search to records generated between October 12, 2018 and the date this request is processed.

The requested documents will be made available to the general public, and this request is not being made for commercial purposes.

In the event that there are fees, I would be grateful if you would inform me of the total charges in advance of fulfilling my request. I would prefer the request filled electronically, by e-mail attachment if available or CD-ROM if not.

Thank you in advance for your anticipated cooperation in this matter. I look forward to receiving your response to this request within 5 business days, as the statute requires.

Sincerely,

Brendan O'Connor

Filed via MuckRock.com

E-mail (Preferred): 62442-77275791@requests.muckrock.com

Upload documents directly: [https://www.muckrock.com/accounts/agency\\_login/the-port-authority-of-new-york](https://www.muckrock.com/accounts/agency_login/the-port-authority-of-new-york)

PRA #19627

[york-and-new-jersey-2408/lincoln-tunnel-graffiti-62442/?email=pafoi%40panynj.gov&uuid-login=10a91767-e9cd-4924-b03e-0810278d1e05#agency-reply](http://york-and-new-jersey-2408/lincoln-tunnel-graffiti-62442/?email=pafoi%40panynj.gov&uuid-login=10a91767-e9cd-4924-b03e-0810278d1e05#agency-reply)

Is this email coming to the wrong contact? Something else wrong? Use the above link to let us know.

For mailed responses, please address (see note):

MuckRock News  
DEPT MR 62442  
411A Highland Ave  
Somerville, MA 02144-2516

PLEASE NOTE: This request is not filed by a MuckRock staff member, but is being sent through MuckRock by the above in order to better track, share, and manage public records requests. Also note that improperly addressed (i.e., with the requester's name rather than "MuckRock News" and the department number) requests might be returned as undeliverable.

**THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY PRA No. 19627**  
**PUBLIC RECORD ACCESS FORM**

Action by (print / type name):

William Shalewitz

## Freedom of Information Administrator

Signature:

Date:

William H.

04/10/2019

On behalf of the Secretary of the Port Authority, as Records Access Officer and Custodian of Government Records of the Port Authority.

The requested records are being made available.

Any responsive records that may exist are currently in storage or archived, and a diligent search is being conducted. The Port Authority will respond by: \_\_\_\_\_

A diligent search has been conducted, and no records responsive to your request have been located.

The requested records that have been located are not being made available, as they are exempt from disclosure for the following specific reasons:

Some requested records that have been located are being made available. The remainder are exempt from disclosure for the following specific reasons:

The request does not reasonably describe or identify specific records; therefore, the Port Authority is unable to search for and locate responsive records. Please consider submitting a new request that describes or identifies the specific records requested with particularity and detail.

Other:

**Exemptions applied for personal privacy and security/public safety.**

This form is promulgated by the Port Authority pursuant to the Port Authority Public Records Access Policy and is intended to be construed consistent with the New York Freedom of Information Law and the New Jersey Open Public Records Act. It is intended to facilitate requests for Port Authority public records and does not constitute legal advice.



## **INCIDENT/INVESTIGATION REPORT**

## *Port Authority Police Department*

Case # 18-012464

Status Codes 1 = None 2 = Burned 3 = Counterfeit / Forged 4 = Damaged / Vandalized 5 = Recovered 6 = Seized 7 = Stolen 8 = Unknown

## Assisting Officers

JAYCARD, M. ( )

Suspect Hate / Bias Motivated: *Anti-Jewish*

## **INCIDENT/INVESTIGATION REPORT**

Narr. (cont.) OCA: 18-012464

## *Port Authority Police Department*

NARRATIVE

Investigate Criminal Mischeif on property. Open 61 #2018-10-004342. NYPD Det. Schneider of the Hate Crimes Unit notified at 1900hours by PAPD SGT Jaycard.

# REPORTING OFFICER NARRATIVE

Port Authority Police Department

OCA  
18-012464

Victim <i>Society</i>	Offense <b>CRIMINAL MISCHIEF-4TH</b>	Date / Time Reported <b>Wed 10/17/2018 20:23</b>
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THE INFORMATION BELOW IS CONFIDENTIAL - FOR USE BY AUTHORIZED PERSONNEL ONLY

Gerard Lindenmeier, GM of the Lincoln Tunnel, reports that he was first informed by Joseph Restuccia of the Community Board #4, Telephone# [REDACTED] that on Monday 10/15/18 at 1221hours he had discovered graffiti consisting of black spray paint on public property on the over pass of roadway A (NY Expressway/DPR) located between 35th Street and Dyer Ave. Joseph Restuccia further informed Mr. Lindenmeier that the graffiti was terrible in nature so he took action to have it covered up by PA. Maintenance with a base coat of paint and asked that a finish coat of paint be applied. The graffiti stated, " secure a future for white babies ".

Mr. Lindenmeier further reports that he received an email concerning a Twitter feed on Tuesday 10/16/18 at 1050hours depicting a photograph of graffiti located on Post 34 East Bound Wall (NY Expressway/DPR) before the North Tunnel entrance in black spray paint stating. " we must secure an existence 4 our people4 a future4 white children". Also present was a drawing of a heart and a peace sign. The graffiti was covered up by PA Mainentance.

On Wednesday 10/17/18 at 1635hours Police Officer E. Luongo conducted a canvas of the location concerned and discovered additional graffiti consisting of a swastika and a partial swastika in black spray paint located approximately 50 feet from the second reported incident.

A video canvas of PA cameras was conducted with negative results.

Captian Hugh Johnson (C.I.B.) is notified and will be fowarding all associated reports to the Central District Detectives for further investigation.

PAPD Sergeant Martin Jaycard notified NYPD Hate Crimes Task Force at 1900hours. (NYPD Detective Schneider). Penal Law 485.05(b) Hate Crime

Open 61# 2018-10-004342

## Incident Report Suspect List

*Port Authority Police Department*

OCA: 18-012464

1	Name (Last, First, Middle) <i>* No name *</i>					Also Known As					Home Address		
	Business Address												
	DOB	Age	Race	Sex	Eth	Hgt	Wgt	Hair	Eye	Skin	Driver's License / State.		
Scars, Marks, Tattoos, or other distinguishing features													
<i>Reported Suspect Detail</i>			Suspect Age		Race	Sex	Eth	Height		Weight		SSN	
Weapon, Type		Feature	Make		Model			Color		Caliber	Dir of Travel Mode of Travel		
VehYr/Make/Model			Drs	Style		Color		Lic/St			VIN		
Notes												Physical Char	

# Incident Report Related Property List

Port Authority Police Department

OCA: 18-012464

1	Property Description <b>OTHER MISC ITEMS</b>		Make		Model		Caliber
	Color	Serial No.	Value <b>\$0.00</b>	Qty <b>1.000</b>	Unit	Jurisdiction <b>Locally</b>	
	Status	Date <b>Evidence</b>	NIC #	State #	Local # <b>S222310</b>	OAN	
	Name (Last, First, Middle) <b>* No name *</b>			DOB	Age	Race	Sex

Notes

*Investigate Criminal Mischeif on property. Five photos of graffiti. Evidence Voucher#S222310.  
Evidence Bag#1203642371.*

# CASE SUPPLEMENTAL REPORT

Printed: 01/14/2019 14:11

Port Authority Police Department

OCA: 18012464

THE INFORMATION BELOW IS CONFIDENTIAL - FOR USE BY AUTHORIZED PERSONNEL ONLY

Case Status: *CLOSED BY OTHER*

Case Mng Status: *CLOSED BY OTHER*

Occurred: 10/17/2018

Offense: *CRIMINAL MISCHIEF-4TH*

---

Investigator: *COLLORAFI, D.* [REDACTED]

Date / Time: *10/22/2018 20:58:49, Monday*

Supervisor: *MILNE, M.* [REDACTED]

Supervisor Review Date / Time: *10/23/2018 15:31:57, Tuesday*

Contact:

Reference: *Investigation - Cib*

---

Synopsis: At time and place of occurrence, graffiti was found in the NY expressway.

Investigation: The undersigned reviewed the pictures provided of the graffiti. After a review of the Nexitva system, camera 131 and 129 could have video of the incident. A review of these cameras is in progress. Results pending.

Case is open/active

---

Investigator Signature

Supervisor Signature

# CASE SUPPLEMENTAL REPORT

Printed: 01/14/2019 14:11

Port Authority Police Department

OCA: 18012464

THE INFORMATION BELOW IS CONFIDENTIAL - FOR USE BY AUTHORIZED PERSONNEL ONLY

Case Status: *CLOSED BY OTHER*

Case Mng Status: *CLOSED BY OTHER*

Occurred: *10/17/2018*

Offense: *CRIMINAL MISCHIEF-4TH*

Investigator: *COLLORAFI, D.* [REDACTED]

Date / Time: *10/29/2018 14:30:02, Monday*

Supervisor: *GRAF, J.* [REDACTED]

Supervisor Review Date / Time: *11/01/2018 08:25:51, Thursday*

Contact:

Reference: *Investigation - Cib*

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Synopsis: At time and place of occurrence, Graffiti was found in the New York Expressway.

Investigation: The undersigned called NYPD Hate Crimes, Det. Hidalgo is handling 61# 2018-010-004296 which may be related to PAPD case.

Hidalgo working 4-12am, left a message and also sent him an email to confer.

Video of expressway still being reviewed.

Case is open/active

---

Investigator Signature

Supervisor Signature

# CASE SUPPLEMENTAL REPORT

Printed: 01/14/2019 14:11

Port Authority Police Department

OCA: 18012464

THE INFORMATION BELOW IS CONFIDENTIAL - FOR USE BY AUTHORIZED PERSONNEL ONLY

Case Status: *CLOSED BY OTHER*

Case Mng Status: *CLOSED BY OTHER*

Occurred: *10/17/2018*

Offense: *CRIMINAL MISCHIEF-4TH*

Investigator: *COLLORAFI, D.* [REDACTED]

Date / Time: *11/08/2018 20:01:00, Thursday*

Supervisor: *WEST, N.* [REDACTED]

Supervisor Review Date / Time: *11/09/2018 07:54:21, Friday*

Contact:

Reference: *Investigation - Cib*

---

Synopsis: At time and place of occurrence, Graffiti was found in the New York Expressway.

Investigation: The undersigned spoke with Det. Diaz in NYPD Hate Crimes Task Force. We reviewed both the PAPD case and NYPD 61# 2018-010-004296. Although the swastika was drawn in both cases, the swastikas in our case were spray painted with black paint in a large area. NYPD's case consisted of small 2 inch by 2 inch drawings in magic marker drawn on a lamp post. Additionally, there is no video so no suspect identified.

Det. Diaz ran the phrase used, " Secure a future 4 white babies", and "we must secure an existance 4 our people + a future 4 white children." No cases sharing the similar or the same wording have been reported or investigated by NYPD.

Video canvassing still being conducted.

Case is open.

---

Investigator Signature

Supervisor Signature

# CASE SUPPLEMENTAL REPORT

Printed: 01/14/2019 14:11

Port Authority Police Department

OCA: 18012464

THE INFORMATION BELOW IS CONFIDENTIAL - FOR USE BY AUTHORIZED PERSONNEL ONLY

Case Status: *CLOSED BY OTHER*

Case Mng Status: *CLOSED BY OTHER*

Occurred: *10/17/2018*

Offense: *CRIMINAL MISCHIEF-4TH*

Investigator: *COLLORAFI, D. [REDACTED]*

Date / Time: *01/10/2019 13:52:12, Thursday*

Supervisor: *ZAFONTE, R. [REDACTED]*

Supervisor Review Date / Time: *01/13/2019 11:26:36, Sunday*

Contact:

Reference: *Investigation - Cib*

---

Synopsis: At time and place of occurrence, graffiti was found in the NY Expressway.

Investigation: Extensive video canvassing was conducted. Negative results. No suspect or suspect vehicles can be seen stopping in the area of the graffiti.

NYPD did not have any similar incidents and their bias unit conducted a search with negative results.

This case will be closed at this time.

---

Investigator Signature

Supervisor Signature



**Date Reported:** 10/17/18

**Time Reported:** 1445

**Date of Incident:** 10/15/18

**Time of incident:** 12:21

**Location:** Public Property; Over roadway A, 35<sup>th</sup> Street and Dyer Ave. (NY Expressway/DPR)

**Details of incident:** Gerard Lindenmeier GM LT reports that he was first informed by Joseph Restuccia of Community Board 4 telephone # [REDACTED] that on Monday October 15 at 12:21 hours he had discovered graffiti consisting of black spray paint on public property on the overpass of roadway A (NY Expressway/DPR) located between 35<sup>th</sup> and Dyer Avenue. Joseph Restuccia further informed Mr. Lindenmeier that the graffiti was terrible in nature so he took action to have it covered up by PA maintenance with a base coat of paint and asked that a finish coat of paint be applied. The graffiti stated, "*secure a future for white babies*".

Mr. Lindenmeier further reports that he received an email concerning a Twitter feed on Tuesday October 16<sup>th</sup> at 10:50 hours depicting a photograph of graffiti located on Post #34, E/B wall NY Expressway/DPR before the North Tunnel entrance in black spray-paint stating, "*we must secure an existence 4 our people4 a future4 white children.*" Also present was a drawing of a heart and a peace sign. The graffiti was covered up by PA maintenance.

On Wednesday October 17, 2018 at 1630 hours Police Officer E. Luongo conducted a canvas of the location concerned and discovered additional graffiti consisting of a swastika and partial swastika in black spray paint located approximately 50' away from the second reported incident.

A video canvas of PA cameras was conducted with negative results.

Captain Hugh Johnson C.I.B. is notified and will be forwarding all associated reports to the Central District Detectives for further investigation.

Sergeant Martin Jaycard notified NYPD Hate Crimes Task Force.

This matter is currently under investigation.

Prepared by Captain John Denesopolis







FHY-YEXB-0029  
LT2405





FHY-YEXB-0029  
MADE IN CHINA  
LT2405









## **PROPERTY CLERK INVOICE**

PD 521-141 (Rev. 9-14)

S222310

RTY:  PEDDLE

ARREST EVIDENCE     DNA ARREST EVIDENCE     FORFEITURE     FOUND PROPERTY     PEDDLER PROPERTY  
 INVESTIGATORY     DNA INVESTIGATORY     DECEDENT'S PROPERTY     SAFEKEEPING     OTHER:

Investigator		Tax No.	Command	Invoice Date	Invoicing Command								
Invoicing Officer Rank/Name <b>P.O. E. Luongo</b>		[REDACTED]	LT	10/17/2018	BT								
Arresting Officer Rank/Name		Tax No.	Command	Complaint No. (Yr.-Pct.-No.)	Aided/Accident No.								
		[REDACTED]		2018-10-004342									
Investigating Officer Rank/Name		Tax No.	Command	Related Comp. No. (Yr.-Pct.-No.)	OCME EU No.								
		[REDACTED]											
Detective Squad Supervisor Rank/Name <b>Detective Sgt.WEst</b>		Tax No.	Command	Det Squad Case No.	OCME FB No.								
		[REDACTED]	BT										
CSU/ECT Processing Officer Rank/Name		Tax No.	Command	Police Lab Evid. Control No.	CSU/ECT Run No.								
		[REDACTED]											
<input type="checkbox"/> Arrest	Date	Charge/Offense Under Investigation			<input type="checkbox"/> Fel.	<input type="checkbox"/> Misd.	<input type="checkbox"/> Viol.	<input type="checkbox"/> J.D.	<input type="checkbox"/> Homicide	<input type="checkbox"/> Sex Off	<input type="checkbox"/> Arson/Explosion	<input type="checkbox"/> Internal Invest.	<input type="checkbox"/> MOS Compl./Victim
<input checked="" type="checkbox"/> Incident	10/17/18	PL145 sub3 4th											
Finder of Property		Address (Include City, State, Zip, Apt.)										Telephone No.	
Owner of Property (See Instructions)		Address (Include City, State, Zip, Apt.)										Telephone No.	
Complainant's Last Name, First Name		Address (Include City, State, Zip, Apt.)										Telephone No.	
Prisoner's Last Name, First Name, M.I.		D.O.B.	Address (Include City, State, Zip, Apt.)										Arrest No.

1. Description of All Vehicles or Equipment Related to This Case Including Vehicles

**DISPOSITION & DATE (For Property Clerk Use Only)**

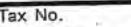
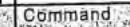
IMEI No.		TOTAL CASH VALUE	Pink Receipt Issued <input type="checkbox"/> Yes <input type="checkbox"/> Refused
Additional Prisoner's Last Name, First Name, M.I.	D.O.B.	Address (Include City, State, Zip, Apt.)	Arrest No.
2.			
3. Prisoner 1 NYSID No.	Prisoner 2 NYSID No.	Prisoner 3 NYSID No.	Total No. of Prisoners

**REMARKS:** Briefly explain why the property was taken into custody (see instructions on BACK of this form).

VOUCHERED AS INVESTIGATORY EVIDENCE

Incident#18-012464

PAGE

Invoicing Officer Rank/Name (Printed) <b>PO P. O. E. Luongo</b>	Signature 	Tax No. 	Command <b>LT</b>	PCD Storage Facility
Supervisor Rank/Name (Printed) <b>Sgt M. Bucan</b>	Signature 	Tax No. 	Command <b>PALT</b>	PCD Location (Shelf No.)
MOS Delivering to PCD Rank/Name (Printed)	Signature 	Tax No. 	Command <b>EMT</b>	PCD Storage No.
PCD Receiving MOS Rank/Name (Printed or Stamped)	Tax No. 	Command <b>BECS</b>	BECS No. 	
<b>TO</b> Owner/Claimant Name	Signature & Date Property Returned to Owner  <b>X</b>			<b>S222310</b>

**1** DISTRIBUTION: 1. WHITE - PCD File Copy  
4. BLUE - Assigned Investigator's Copy

2. 2nd WHITE - Inventory Unit Copy  
5. GREEN - ADA Copy      6. PINK

**3. YELLOW - PCD Work Copy**

**6. PINK - Prisoner/Finder. Copy**

S222310



## COMPLAINT REPORT WORKSHEET

PD 313-152A (Rev. 04-12)

 Complaint Report Juvenile Report

Cmd./Pct. Taking Report

OIO

Jurisdiction Of Complaint:

 NYPD (Unless One Of The Following):

NYPD Transit Bureau  
 NYPD Housing Bureau  
 Port Authority Police  
 Triborough Bridge And Tunnel Police  
 N.Y. State Park Police

Amtrak Police  
 Conrail Police  
 Staten Island Rapid Transit Police  
 N.Y. State Police  
 Long Island Railroad M.T.A.

U.S. Park Police  
 Health & Hospitals Corp. Police  
 Metro North M.T.A.  
 Other

Location Of Occurrence  
 Inside  
 In Front Of  
 Rear Of  
 Opposite Of

Address

County

Zip Code

Apt#/  
Room#

Cross Streets

&amp;

OR

Intersection Of

West 36st

&amp; Dyer Ave.

Corner  
 N/E       N/W  
 S/E       S/WMilitary Time  
And Date Of  
This Report:  
1820 10/17/18Time  
Date  
Occurrence  
On Or FromTime  
Date  
Day Of WeekOccurrence  
ThroughTime  
Date  
Day Of WeekTime  
Date  
Day Of Week

Pct. Of Occ. Complaint # O.C.C.B. # Aided # Accident # Case Status Unit Referred To Log/Case # File #

010 2018-10-004342

Open  
Closed

Report Classification (If Offense, List Most Serious First):

Crim. MISCHIEF 4<sup>d</sup> PL145.3 (HATE CRIME)  Attempted  CompletedWas The Victim's Personal Information  
Taken Or Possessed?  Yes  No Was The Victim's Personal Information  
Used To Commit A Crime?  Yes  NoComp. Recd  Radio Visible By Patrol Pct. Sector Of Occ. Beat Of Occ. Post Of Occ. Prints Requested  
 Walk-In  Phone  Pick-Up  Yes  No 010  Yes  NoPossibly Gang Related  Yes If Yes, OCCB FOD Log # Name Of Gang If Arson:  Building  Motor Vehicle  Other Property  Occupied  Unoccupied Damage Caused By:  Explosion  Fire  Child Abuse Suspected  Yes  No  Yes  NoDomestic Incident Report Required Because Incident Involved Persons Belonging To The NYS Family Court Act Or NYPD Expanded Definition Of A Domestic Relationship?  Yes  No Child in Common?  Yes  No Intimate Relationship?  Yes  No

## Premises Type (Must Choose One)

Residential:	House Of Worship:	School:	Public Transportation:		
<input type="checkbox"/> Residence - Private House <input type="checkbox"/> Residence - Apt. Building <input type="checkbox"/> Residence - Public Housing	<input type="checkbox"/> Church <input type="checkbox"/> Synagogue <input type="checkbox"/> Mosque <input type="checkbox"/> Other	<input type="checkbox"/> Public (NYC Dept Of Ed) <input type="checkbox"/> Private/Parochial <input type="checkbox"/> College/University <input type="checkbox"/> Other	<input type="checkbox"/> Airport Terminal <input type="checkbox"/> Bus (NYC Transit) <input type="checkbox"/> Bus (Other) <input type="checkbox"/> Bus Stop	<input type="checkbox"/> Bus Terminal <input type="checkbox"/> Ferry/Ferry Terminal <input type="checkbox"/> Taxi (Yellow Licensed) <input type="checkbox"/> Taxi (Livery Licensed)	<input type="checkbox"/> Taxi/Livery (Unlicensed) <input type="checkbox"/> Tramway <input type="checkbox"/> Transit - NYC Subway <input type="checkbox"/> Transit Facility (Other)

Commercial:	Chain Store <input type="checkbox"/> ATM <input type="checkbox"/> Bank <input type="checkbox"/> Bar/Night Club <input type="checkbox"/> Beauty & Nail Salon <input type="checkbox"/> Book/Card Store <input type="checkbox"/> Candy Store	Drug Store <input type="checkbox"/> Check Cashing Business <input type="checkbox"/> Clothing/Boutique <input type="checkbox"/> Commercial Building <input type="checkbox"/> Department Store <input type="checkbox"/> Doctor/Dentist	Gym/Fitness Facility <input type="checkbox"/> Dry Cleaner/Laundry <input type="checkbox"/> Factory/Warehouse <input type="checkbox"/> Fast Food <input type="checkbox"/> Gas Station <input type="checkbox"/> Grocery/Bodega	Mobile Food Carts/Stands <input type="checkbox"/> Photo/Copy Store <input type="checkbox"/> Real Estate Office <input type="checkbox"/> Restaurant/Diner <input type="checkbox"/> Shoe Store <input type="checkbox"/> Loan Company	Social Club/ <input type="checkbox"/> Policy Location <input type="checkbox"/> Storage Facility <input type="checkbox"/> Store Unclassified <input type="checkbox"/> Supermarket <input type="checkbox"/> Telecomm. Store <input type="checkbox"/> Variety Store <input type="checkbox"/> Video Store
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## Indicate Name Of Business

Other:	<input type="checkbox"/> Cemetery <input type="checkbox"/> Abandoned Building <input type="checkbox"/> Bridge	<input type="checkbox"/> Marina/Pier <input type="checkbox"/> Construction Site <input type="checkbox"/> Highway/Parkway	<input type="checkbox"/> Parking Lot/Garage <input type="checkbox"/> Open Lot/Area <input type="checkbox"/> Park/Playground	<input type="checkbox"/> Public Building <input type="checkbox"/> Street <input checked="" type="checkbox"/> Tunnel	<input type="checkbox"/> Other
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## Indicate Name If Known:

Exact Location Within Premises Type, If Known (Choose One).				
<input type="checkbox"/> Apartment <input type="checkbox"/> Basement <input type="checkbox"/> Commercial Establishment <input type="checkbox"/> Community Center <input type="checkbox"/> Driveway <input type="checkbox"/> Elevator	<input type="checkbox"/> Elevator Equipment Room <input type="checkbox"/> Freight Elevator <input type="checkbox"/> Garage <input type="checkbox"/> Hallway <input type="checkbox"/> Laundry Room <input type="checkbox"/> Lobby/Door/Vestibule	<input type="checkbox"/> Maintenance/Storage Area <input type="checkbox"/> Management Offices/ <input type="checkbox"/> Other Offices <input type="checkbox"/> Parking Lot <input type="checkbox"/> Play/Park Area <input type="checkbox"/> Public Sidewalk	<input type="checkbox"/> Rest Room <input type="checkbox"/> Roof <input type="checkbox"/> Roof Top Landing <input type="checkbox"/> Stairway <input type="checkbox"/> Terrace <input type="checkbox"/> Walkways	<input type="checkbox"/> Motor Vehicle: <input type="checkbox"/> Car <input type="checkbox"/> Motorcycle <input type="checkbox"/> Truck

If Burglary: Forcible Entry? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Burglary, Describe: <input type="checkbox"/> Vehicle <input type="checkbox"/> Bldg. Commercial <input type="checkbox"/> Garage	<input type="checkbox"/> Truck <input type="checkbox"/> Trailer <input type="checkbox"/> Building Other	Location of Entry: <input type="checkbox"/> Front <input type="checkbox"/> Side <input type="checkbox"/> Roof <input type="checkbox"/> Watercraft <input type="checkbox"/> Unknown	Crime Prev. Survey <input type="checkbox"/> Requested <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(If Yes, Explain In Details)				

Point of Entry: <input type="checkbox"/> Window <input type="checkbox"/> Security Gate <input type="checkbox"/> Skylight	<input type="checkbox"/> Wall <input type="checkbox"/> Door <input type="checkbox"/> Vent/Duct	<input type="checkbox"/> Floor <input type="checkbox"/> Other	Alarm Bypassed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	Alarm Company Name And Telephone # <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Complainant/Reporter Present <input type="checkbox"/> During Burglary <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	--	--	---	---	--

Supervisor On Scene <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was Translator Used: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	--

If Yes, Indicate Name, Address, Phone # and Language	
--	--

Name _____	Phone # _____
------------	---------------

Canvass Conducted <input type="checkbox"/> Yes <input type="checkbox"/> No (Indicate Interviews And Results)	Address _____	Language _____
--	---------------	----------------

Taxi Robbery: Partition Present: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amber Stress Light Activated: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of Conveyance: <input type="checkbox"/> Street Hail <input type="checkbox"/> Dispatch
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Location of Pick-up:

DETAILS Preliminary Investigation	GERALD LINDENMEYER GM/ET REPORTS THAT HE WAS FIRST INFORMED BY JOE RESTUCINA OF COMM. BOARD 4 THAT ON MONDAY, OCTOBER 15, 2018 AT 12:21 PM, HE HAD DISCOVERED GRAFFITI CONSISTING OF BLACK SPRAY PAINT ON PUBLIC PROPERTY ON THE OVERPASS OF ROADWAY A (WY EXPRESSWAY) LOCATED BETWEEN 35TH & DYER AVE. JOE RESTUCINA FURTHER INFORMED MR. LINDENMEYER THAT THE GRAFFITI WAS TERRIBLE IN NATURE SO HE TOOK ACTION TO HAVE IT COVERED UP BY PD MAINTENANCE. WITH A BASEMENT OF 2 PAGES AND NOTICED THAT IT HAD BEEN COAT BURNISHED. THE GRAFFITI CONSISTED OF SWASTIKAS FOR WHITE BABIES. MR. LINDENMEYER ALSO REPORTED THAT HE RECEIVED A BRIEF CONCERNING A TWITTER FEED ON TUES, 10/16/18 AT 10:30 AM DEPICTING A PHOTO OF GRAFFITI LOCATED ON 35TH & DOWNTOWN BEFORE THE NORTH FLOW ENTRANCE IN BLACK SPRAY PAINT SAYING "WE MUST SECURE AN EXISTENCE OF OUR PEOPLE & A FUTURE 4 WHITE CHILDREN", ALSO PICTURED WAS A DRAWING OF A HEART AND A PEACE SIGN COVERED UP BY PD MAINTENANCE ON 10/17/18 AT 16:30 PM UNDER LYING CONSTRUCTION & CONCRETE OF THE LOCATION AND DISCOVERED ADDITIONAL GRAFFITI CONSISTING OF A SWASTIKA AND PARTIAL SWASTIKA IN BLACK SPRAY PAINT LOCATED APPROX. 50 FEET FROM THE SECOND REPORTED INCIDENT. A VIDEO CANVAS OF PD CAMERAS WAS DOWNLOADED WITH NEGATIVE RESULTS.
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N.Y.C. DEPT. OF ED. SCHOOLS	N.Y.C. Dept. Of Ed. School		<input type="checkbox"/> On School Property	Travelling		School Sponsored Event	School Safety Division Operations		
	Incident: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> During School Hours	<input type="checkbox"/> To School	<input type="checkbox"/> From School	<input type="checkbox"/> Yes <input type="checkbox"/> No	Control # _____		
	Victim Status: <input type="checkbox"/> General Ed. Student <input type="checkbox"/> Special Ed. Student <input type="checkbox"/> Resource Room/Related Services <input type="checkbox"/> Teacher <input type="checkbox"/> School Safety Agent <input type="checkbox"/> Other Staff _____ <input type="checkbox"/> Other (Specify) _____								
	Type of School: <input type="checkbox"/> Elementary <input type="checkbox"/> I.S.		School Number: _____		School Name: _____				
	<input type="checkbox"/> JHS <input type="checkbox"/> HS		<input type="checkbox"/> SP. ED.						
	Exact Location On School Property: <input type="checkbox"/> Hall _____ <input type="checkbox"/> Floor _____		<input type="checkbox"/> Classroom # _____		<input type="checkbox"/> Cafeteria		<input type="checkbox"/> Staircase # _____		
	<input type="checkbox"/> Gym/Locker Room <input type="checkbox"/> Bathroom # _____		<input type="checkbox"/> Playground/Field		<input type="checkbox"/> On School Grounds		<input type="checkbox"/> Auditorium		<input type="checkbox"/> Other _____
	Suspect Status: <input type="checkbox"/> General Ed. Student <input type="checkbox"/> Special Ed. Student <input type="checkbox"/> Resource Room/Related Services <input type="checkbox"/> Teacher <input type="checkbox"/> Other Staff (Title) _____ <input type="checkbox"/> Student Intruder <input type="checkbox"/> Intruder <input type="checkbox"/> Visitor <input type="checkbox"/> Family Member <input type="checkbox"/> Unknown <input type="checkbox"/> Other _____								
	N.Y.C. Transit Incident: Station Of Occurrence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Line (# Or Letter)			Transit Post #	Transit District	Sprint No.	
	Victim's Time And Station Of Entry Into Transit System, If Known:				Metro Card:	Type: <input type="checkbox"/> Student <input type="checkbox"/> Lost <input type="checkbox"/> Stolen	<input type="checkbox"/> Standard <input type="checkbox"/> Senior Citizen <input type="checkbox"/> Handicapped <input type="checkbox"/> Transit Employee	Metro Card: <input type="checkbox"/> Police Serial # _____	
<input type="checkbox"/> N/B Train <input type="checkbox"/> S/B Train (Location On Train: <input type="checkbox"/> Front <input type="checkbox"/> Middle <input type="checkbox"/> Rear Train Car # _____) <input type="checkbox"/> N/B Platform <input type="checkbox"/> S/B Platform <input type="checkbox"/> Booth # _____ <input type="checkbox"/> Turnstile Area <input type="checkbox"/> Mezzanine <input type="checkbox"/> Stairs/Ramp/Escalator <input type="checkbox"/> Elevator <input type="checkbox"/> Tunnel/Track Area <input type="checkbox"/> Passage Way <input type="checkbox"/> Toilet Facility <input type="checkbox"/> Street Stairway/St. Escalator <input type="checkbox"/> Other _____									
N.Y.C.H.A. VICTIM REPORTER / WITNESS	N.Y.C. Housing Authority Incident: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Name Of Development			Field Report Prepared <input type="checkbox"/> Yes <input type="checkbox"/> No	PSA #	Field Report #	
	Total # Of Victims	Victim # _____ Of _____ Victims	Is Victim: <input type="checkbox"/> Male <input type="checkbox"/> Female (Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No) <input type="checkbox"/> Business/Organization <input type="checkbox"/> PSNY			Is a UMOS the Victim? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is Victim N.Y.C.H.A. Resident <input type="checkbox"/> Yes <input type="checkbox"/> No		
	If Business/Organization, List Name		Address			City	State	Zip	Room #
	If Person, Last Name <i>PSNY</i>		First M.I.			Is This Person Not Proficient in English? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Indicate Language	
	Nickname/Alias/Maiden Name		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date Of Birth	Age	Race: <input type="checkbox"/> White <input type="checkbox"/> Am. Ind./Alaskan Native <input type="checkbox"/> Hisp. White	<input type="checkbox"/> Black <input type="checkbox"/> Asian/Pacific Is. <input type="checkbox"/> Hisp. Black		
	Permanent Residence Address ( <input type="checkbox"/> NYC <input type="checkbox"/> NYS <input type="checkbox"/> Other <input type="checkbox"/> Homeless)		City		State/Country		Zip	Apt.# / Room #	
	Temporary Residence Address		City		State	Zip	Apt. #	For How Long?	
	Business Address		City		State	Zip	Apt.# / Room #		
	Home Phone # ( ) _____ - _____		Business # ( ) _____ - _____						
	Cell Phone # ( ) _____ - _____		E-Mail Address _____						
Gang/Crew Affiliation:	If Yes, Indicate Name Of Gang/Crew			Gang/Crew Identifiers (Colors, Beads, Tattoos, Etc.)					
<input type="checkbox"/> Yes <input type="checkbox"/> No									
Victim Was: <input type="checkbox"/> Shot <input type="checkbox"/> Cut/Slashed/Stabbed		Actions Of Victim Prior To Incident (Be Specific)							
Victim Of Similar Incident (EXCEPT SEX OFFENSE) <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, When And Where							
Is Victim Fearful for Their Safety/Life? <input type="checkbox"/> Yes <input type="checkbox"/> No		Escalating Violence/Abuse by Suspect/Arrestee? <input type="checkbox"/> Yes <input type="checkbox"/> No			Were Prior DIR'S Prepared for Victim? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Will View Photo <input type="checkbox"/> Yes <input type="checkbox"/> No		Will Prosecute <input type="checkbox"/> Yes <input type="checkbox"/> No	Victim/Relative Notified Of Crime Victim Comp. Law			<input type="checkbox"/> Yes <input type="checkbox"/> No			
Reporter/Witness # _____ of _____ <input type="checkbox"/> Reporter <input type="checkbox"/> Witness									
Last Name, <i>P.O. E LUONG # 907</i>		First _____	M.I. _____	Is This Person Not Proficient in English? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Indicate Language			
Nickname/Alias/Maiden Name		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date Of Birth	Age	Race: <input type="checkbox"/> White <input type="checkbox"/> Am. Ind./Alaskan Native <input type="checkbox"/> Hisp. White	<input type="checkbox"/> Black <input type="checkbox"/> Asian/Pacific Is. <input type="checkbox"/> Hisp. Black			
Permanent Residence Address ( <input type="checkbox"/> NYC <input type="checkbox"/> NYS <input type="checkbox"/> Other <input type="checkbox"/> Homeless)		City		State/Country		Zip	Apt.# / Room #		
Temporary Residence Address		City		State	Zip	Apt. #	For How Long?		
Business Address		City		State	Zip	Apt.# / Room #			
Home Phone # ( ) _____ - _____		Business # ( ) _____ - _____							
Cell Phone # ( ) _____ - _____		E-Mail Address _____							
Gang/Crew Affiliation:	If Yes, Indicate Name Of Gang/Crew			Gang/Crew Identifiers (Colors, Beads, Tattoos, Etc.)			Position/Relationship To Victim		
<input type="checkbox"/> Yes <input type="checkbox"/> No									

**FILL THIS PAGE OUT FOR WANTED JUVENILES / WANTED ADULTS ONLY.  
FOR APPREHENDED/MISSING JUVENILES FILL OUT JUVENILE REPORT SYSTEM WORKSHEET PD 377-159A.**

SUSPECT  CRIME INCIDENT DATA (MUST BE COMPLETED FOR CRIMES INCLUDE ANY ADDITIONAL DATA IN THE "DETAILS" SECTION)	Total # Of Perps./ Suspects	Number Wanted	Number Arrested	Order Of Protection In Effect	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Was Order of Protection Violated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Issuing Court	Docket #	Exp. Date Of Order Of Protection	
	Wanted Suspect # Of _____		Does Suspect/Arrestee Abuse Drugs/Alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No					Is the Suspect/Arrestee on Parole/Probation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Last Name, <b>UNKNOWN</b> First, M.I.									
	Nickname/Alias/Maiden Name		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date Of Birth	Age	Height Ft. In.	Weight	Race: <input type="checkbox"/> White <input type="checkbox"/> Am. Ind./Alaskan Native <input type="checkbox"/> Hisp. White	<input type="checkbox"/> Black <input type="checkbox"/> Asian/Pacific Is. <input type="checkbox"/> Hisp. Black	
	Eye Color: _____		Hair Color: _____	Hair Length: _____		U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	State/Country Of Birth			
	Address <b>UNKNOWN</b>		<input type="checkbox"/> NYC <input type="checkbox"/> Other	<input type="checkbox"/> NYS <input type="checkbox"/> Homeless	Apt# / Room#	City	State/Country	Zip	Resident Pct.	
	Business									
	Name and Address _____									
	Home Phone # ( ) _____		Business # ( ) _____		Cell Phone # ( ) _____					
	E-Mail Address _____									
Is This Person Not Proficient in English? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Indicate Language _____		Accent <input type="checkbox"/> Yes <input type="checkbox"/> No	Victim and Suspect Living Together: <input type="checkbox"/> Yes <input type="checkbox"/> No			Can Identify Suspect: <input type="checkbox"/> Formerly Lived Together <input type="checkbox"/> Yes <input type="checkbox"/> No		
Victim States Perp. is: <input type="checkbox"/> Husband <input type="checkbox"/> C/L Husband <input type="checkbox"/> Wife		<input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Divorced <input type="checkbox"/> Father	<input type="checkbox"/> Uncle <input type="checkbox"/> Aunt <input type="checkbox"/> Grandfather <input type="checkbox"/> Grandmother	<input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Brother <input type="checkbox"/> Sister	<input type="checkbox"/> Grandchild <input type="checkbox"/> In-Law <input type="checkbox"/> Nephew <input type="checkbox"/> Niece	<input type="checkbox"/> Fiance/Fiancee <input type="checkbox"/> Boyfriend <input type="checkbox"/> Same Sex Partner <input type="checkbox"/> Other Relative	<input type="checkbox"/> Employer <input type="checkbox"/> Co-Worker <input type="checkbox"/> Girlfriend <input type="checkbox"/> Employee	<input type="checkbox"/> Stranger <input type="checkbox"/> Unknown <input type="checkbox"/> Friend/ Acquaintance		
N.Y.C.H.A. Resident <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Name Of Development		N.Y.C.H.A. Employee <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes <input type="checkbox"/> On Duty <input type="checkbox"/> Off Duty <input type="checkbox"/> Unknown	N.Y.C. Transit Employee <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes <input type="checkbox"/> On Duty <input type="checkbox"/> Off Duty <input type="checkbox"/> Unknown			
Physical Force: <input type="checkbox"/> Used <input type="checkbox"/> Threatened <input type="checkbox"/> None	Weapon: <input type="checkbox"/> Used/Displayed <input type="checkbox"/> Possessed <input type="checkbox"/> Simulated <input type="checkbox"/> None	Gun: <input type="checkbox"/> Handgun <input type="checkbox"/> Alleged Gun <input type="checkbox"/> Zip Gun <input type="checkbox"/> Toy Gun <input type="checkbox"/> Shotgun <input type="checkbox"/> Machine Gun <input type="checkbox"/> Rifle <input type="checkbox"/> Unk. Firearm Type <input type="checkbox"/> Other Gun (Specify) _____								
	Make _____	Color _____	Calibre _____	Type _____	<input type="checkbox"/> Firearm Recovered <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Gun Discharged <input type="checkbox"/> Yes <input type="checkbox"/> No				
Cutting Instrument <input type="checkbox"/> Boxcutter <input type="checkbox"/> Knife <input type="checkbox"/> Other		<input type="checkbox"/> Blunt Instrument	<input type="checkbox"/> Poison/Chemical Agents	<input type="checkbox"/> Bomb/Incendiary Device	<input type="checkbox"/> Other Weapon (Describe) _____					
Gang/Crew Affiliation: <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Indicate Name Of Gang/Crew		Gang/Crew Identifiers (Colors, Beads, Tattoos, Etc.)						
Used Subway System <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Station Entered And Time		Metro Card: <input type="checkbox"/> Used <input type="checkbox"/> Possessed Only Serial # _____	Type: <input type="checkbox"/> Student <input type="checkbox"/> Senior Citizen <input type="checkbox"/> Transit Employee	Standard <input type="checkbox"/> Handicapped <input type="checkbox"/> Police				
Statement Made By Suspect During Commission Of Offense						Method Of Flight				
M.O. (Check All That Apply) <input type="checkbox"/> Asked Questions/Offered Assistance <input type="checkbox"/> Bag Opener <input type="checkbox"/> Bicycle Used <input type="checkbox"/> Car Jack <input type="checkbox"/> Con Game <input type="checkbox"/> Deception Used <input type="checkbox"/> Entry Through Window/ Fire Escape <input type="checkbox"/> Followed Victim Along Street		<input type="checkbox"/> Followed Victim To/From ATM/Bank <input type="checkbox"/> Food Delivery <input type="checkbox"/> Hijack <input type="checkbox"/> Jewelry/Neck Chain Snatch <input type="checkbox"/> Jumped From Vehicle <input type="checkbox"/> Motorcycle Used <input type="checkbox"/> Note Was Passed <input type="checkbox"/> Opened Safe <input type="checkbox"/> Payroll <input type="checkbox"/> Perp Made Statement		<input type="checkbox"/> Perp Offered Sex <input type="checkbox"/> Pick Pocket <input type="checkbox"/> Property Snatched From Hand <input type="checkbox"/> Push-In <input type="checkbox"/> Purse/Wallet Snatch <input type="checkbox"/> Took Victim To Isolated Area <input type="checkbox"/> Other _____		Transit M.O. <input type="checkbox"/> Escaped Between Train Cars <input type="checkbox"/> Escaped By Track/Tunnel <input type="checkbox"/> Followed Victim From Street To Subway <input type="checkbox"/> Held Train Doors <input type="checkbox"/> Victim Sleeping <input type="checkbox"/> Reached From Moving Train <input type="checkbox"/> Removed Victim From Subway System <input type="checkbox"/> Unk.		Graffiti M.O. <input checked="" type="checkbox"/> Spray Paint <input type="checkbox"/> Marker <input type="checkbox"/> Etched <input type="checkbox"/> Other _____ <input type="checkbox"/> Tag _____		
Action Toward Victim: (Check All That Apply) <input type="checkbox"/> Fired Shot At <input type="checkbox"/> Injury Using Physical Force <input type="checkbox"/> Made Victim Strip <input type="checkbox"/> Pepper/Chemical Spray <input type="checkbox"/> Stabbed/Slashed/Cut <input type="checkbox"/> Struck With Object <input type="checkbox"/> Tied/Handcuffed <input type="checkbox"/> Tortured <input type="checkbox"/> Used/Threat With Flame <input type="checkbox"/> Unk/None <input type="checkbox"/> Other _____		Head Gear: <input type="checkbox"/> Baseball Cap <input type="checkbox"/> Beret/Military Cap <input type="checkbox"/> Cowboy Hat <input type="checkbox"/> Du-rag <input type="checkbox"/> Mask <input type="checkbox"/> Ski Cap/Watch Cap <input type="checkbox"/> Skull Cap <input type="checkbox"/> Stocking Cap <input type="checkbox"/> Straw Hat/Fedora <input type="checkbox"/> Turban <input type="checkbox"/> Unk/None <input type="checkbox"/> Other _____ Color _____	Foot Wear: <input type="checkbox"/> Barefoot <input type="checkbox"/> Boots <input type="checkbox"/> Dress Shoes <input type="checkbox"/> High Heels <input type="checkbox"/> Loafers/Moccasins <input type="checkbox"/> Roller Blades <input type="checkbox"/> Sandals <input type="checkbox"/> Sneakers <input type="checkbox"/> Workboots <input type="checkbox"/> Unk <input type="checkbox"/> Other _____ Color _____	Outer Wear: <input type="checkbox"/> Gang, Team, School Jacket <input type="checkbox"/> Leather, Suede, Fur Trim <input type="checkbox"/> Military Clothing <input type="checkbox"/> Overcoat/Top Coat <input type="checkbox"/> Snorkel/Ski Hooded Jacket <input type="checkbox"/> Sport/Dress Jacket <input type="checkbox"/> Sweater/Vest <input type="checkbox"/> Sweat Shirt/Jogging Jacket <input type="checkbox"/> T-Shirt/Tank Top <input type="checkbox"/> Waist Length Jacket <input type="checkbox"/> Unk/None <input type="checkbox"/> Other _____ Color _____	Special Characteristics: (Check All That Apply) <input type="checkbox"/> Beard <input type="checkbox"/> Arm (Amputee) <input type="checkbox"/> Ears <input type="checkbox"/> Eyes <input type="checkbox"/> Hand/Arm <input type="checkbox"/> Leg (Amputee) <input type="checkbox"/> Lips <input type="checkbox"/> Nose <input type="checkbox"/> Sideburns <input type="checkbox"/> Tracks <input type="checkbox"/> Speech Impairment/ Stutter <input type="checkbox"/> Skin Condition	<input type="checkbox"/> Eyebrows <input type="checkbox"/> Goatee <input type="checkbox"/> Left Handed <input type="checkbox"/> Limp <input type="checkbox"/> Mustache <input type="checkbox"/> Odor <input type="checkbox"/> Teeth <input type="checkbox"/> Very Muscular <input type="checkbox"/> Eye Glasses <input type="checkbox"/> Sun Glasses <input type="checkbox"/> Unk/None <input type="checkbox"/> Other _____				
Hairstyle: <input type="checkbox"/> Afro <input type="checkbox"/> Bald <input type="checkbox"/> Bald (Partial) <input type="checkbox"/> Braids <input type="checkbox"/> Caesar <input type="checkbox"/> Close Cut <input type="checkbox"/> Corn Rows <input type="checkbox"/> Crew <input type="checkbox"/> Curly/Wavy		Skin Tone: <input type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Dark <input type="checkbox"/> Unk	Complexion: <input type="checkbox"/> Blotchy <input type="checkbox"/> Clear <input type="checkbox"/> Flushed/Ruddy <input type="checkbox"/> Pimpled <input type="checkbox"/> Tan <input type="checkbox"/> Yellow <input type="checkbox"/> Other _____	Other Clothing/Accessories: <input type="checkbox"/> Bag/Briefcase <input type="checkbox"/> Dirty/Torn/Messy <input type="checkbox"/> Gloves <input type="checkbox"/> Jeans <input type="checkbox"/> Jewelry <input type="checkbox"/> Radio Used <input type="checkbox"/> Scarf/Bandana/Sweatband <input type="checkbox"/> Shorts <input type="checkbox"/> Unk/None <input type="checkbox"/> Other _____	Other Clothing/Accessories: <input type="checkbox"/> Skirt/Dress <input type="checkbox"/> Slacks <input type="checkbox"/> Sweat/Jogging Clothes <input type="checkbox"/> Tools/Keys <input type="checkbox"/> Uniform <input type="checkbox"/> Well Dressed <input type="checkbox"/> Work Clothes <input type="checkbox"/> Unk/None <input type="checkbox"/> Other _____					
Distinguished Body Marks: <input type="checkbox"/> #1 <input type="checkbox"/> Birthmark <input type="checkbox"/> Body Piercing <input type="checkbox"/> Scar <input type="checkbox"/> Tattoo (Can't Describe) <input type="checkbox"/> Tattoo Picture <input type="checkbox"/> Tattoo Word <input type="checkbox"/> Tattoo Word & Picture <input type="checkbox"/> Unk/None <input type="checkbox"/> Other _____		Body Mark Location <input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> Arm <input type="checkbox"/> Face/Head <input type="checkbox"/> Hand <input type="checkbox"/> Leg <input type="checkbox"/> Neck <input type="checkbox"/> Torso	Words: #1 _____ #2 _____	Describe Tattoo Picture #1 _____ #2 _____	Impersonation Of: <input type="checkbox"/> Customer/Client <input type="checkbox"/> Employee <input type="checkbox"/> Female <input type="checkbox"/> Law Enforcement Officer <input type="checkbox"/> Male <input type="checkbox"/> Security Officer <input type="checkbox"/> Public Servant <input type="checkbox"/> Utility Worker <input type="checkbox"/> Unk/None <input type="checkbox"/> Other _____					



THE PORT AUTHORITY OF NY AND NJ  
MAINTENANCE WORK ORDER

FACILITY: LT	SUB-FACILITY:	PAGE: 001	=====
ORG UNIT: 154	SEC/SUB-SEC : 0501	WORK ORDER: 0363507-1	
REQUESTED BY :		=====	
AUTHORIZED BY: C. HAMPE		WORK ORDER TYPE : PM	
ACCOUNT CODE : 1-1X-0B03-154-036-102-421-01		MAINTENANCE TYPE: CLEANING	
SCHEDULE DATE: 10/18/2018		PRIORITY : 10	
START DATE : 10/01/2018 SHIFT: B		PM/PROJECT NO : 154 1631	

TASK LOCATION : FACILITY (ALL AREAS) - GENERAL  
 EQUIPMENT ID : FAC LTAA NYNJ 00  
 EQUIP DESCRIPTION: FACILITY (ALL AREAS) - GENERAL  
 W/O DESCRIPTION : CLEAN GRAFFITI  
 TASK DESCRIPTION : CLN GRAFFITI ALL AREAS AS SPECIFIED BY SUPERVISOR  
 DESC. OF WORK/  
 SUPERVISOR  
 COMMENTS

\*\*\*\*\*  
 \* LABOR \*  
 \*\*\*\*\*

EMPLOYEE NAME	CLASS	DATE	DATE	DATE	DATE	DATE	VEHICLE ID	VEHICLE USAGE
J. SUTTON	2002	<u>  </u>	<u>  </u>					
E. RAYMOND	2002	<u>  </u>	<u>  </u>					

SIGNATURE: \_\_\_\_\_ DATE COMPLETED: \_\_\_\_\_

\*\*\*\*\*  
 \* PARTS/MATERIALS \*  
 \*\*\*\*\*

ITEM IND	ITEM ID	DESCRIPTION	PLANNED QTY	ACTUAL U/M QTY
----------	---------	-------------	-------------	----------------

PLANNED:

NO STOCK PARTS FOR TASK  
 NO DIRECT CHARGE PARTS FOR TASK

ADDITIONAL:

- \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

COMPLETION COMMENTS:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

THE PORT AUTHORITY OF NY AND NJ  
MAINTENANCE WORK ORDER

FACILITY: LT	SUB-FACILITY:	PAGE: 001	=====
ORG UNIT: 154	SEC/SUB-SEC : 0501	WORK ORDER: 0363508-1	=====
REQUESTED BY :			=====
AUTHORIZED BY: C. HAMPE		WORK ORDER TYPE : PM	
ACCOUNT CODE : 1-1X-0B03-154-036-102-421-01		MAINTENANCE TYPE: CLEANING	
SCHEDULE DATE: 10/17/2018		PRIORITY : 10	
START DATE : 10/08/2018	SHIFT: B	PM/PROJECT NO : 154 1631	

TASK LOCATION : FACILITY (ALL AREAS) - GENERAL  
 EQUIPMENT ID : FAC LTAA NYNJ 00  
 EQUIP DESCRIPTION: FACILITY (ALL AREAS) - GENERAL  
 W/O DESCRIPTION : CLEAN GRAFFITI  
 TASK DESCRIPTION : CLN GRAFFITI ALL AREAS AS SPECIFIED BY SUPERVISOR  
 DESC. OF WORK/  
 SUPERVISOR  
 COMMENTS

\*\*\*\*\*  
 \* LABOR \*  
 \*\*\*\*\*

EMPLOYEE NAME	CLASS	DATE	DATE	DATE	DATE	DATE	VEHICLE ID	VEHICLE USAGE
T. HOLLOWELL	2002							
E. RAYMOND	2002							
B. DURKAN	2002							

SIGNATURE: \_\_\_\_\_ DATE COMPLETED: \_\_\_\_\_

\*\*\*\*\*  
 \* PARTS/MATERIALS \*  
 \*\*\*\*\*

ITEM IND	ITEM ID	DESCRIPTION	PLANNED QTY	ACTUAL U/M QTY
----------	---------	-------------	-------------	----------------

PLANNED:

NO STOCK PARTS FOR TASK  
 NO DIRECT CHARGE PARTS FOR TASK

ADDITIONAL:

— \_\_\_\_\_ — \_\_\_\_\_ — \_\_\_\_\_ — \_\_\_\_\_ — \_\_\_\_\_ — \_\_\_\_\_

COMPLETION COMMENTS:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



**Benjamin  
Moore®**  
Paints

TSIGONIA PAINT SALES OF J.C.  
464 COMMUNIPAW AVENUE  
JERSEY CITY NJ 07304  
Phone: (201) 435-0979 Fax: (201) 432-4046

## Invoice

Number	Date	Page
T0093827	10/23/2018	1

S	657554
O	PORT AUTHORITY LINCOLN TUNNEL
L	OF NY & NJ
D	500 BOULEVARD EAST
T	WEEHAWKEN NJ 07086
O	

EXEMPT

Phone	Fax	Clerk	Terms	PO Number	Required	Delivery
[REDACTED]		SF	Net 30 Days	GALE		Pick Up

Item Number	Description	List	Discount	Quantity	U/M	Tax	Unit Price	Extension
INXV500.90.4	QT V500.90 CRTCH ALIPHATIC URE	33.32	9.99%	10.00	QT	N	29.99	299.90
INXV500.00.1	1G V500.00 CRTCH ALIPHATIC URE	78.37	9.98%	10.00	1G	N	70.55	705.50
<b>Total Discount Savings \$111.50</b>								
RECEIPT NEEDED FOR REFUND OR EXCHANGE NO RETURNS ON CUSTOM COLORS Monday - Friday 7:00 - 5:00 Saturday 7:30 - 4:00 Sunday 10:00 - 2:00					SubTotal		\$1,005.40	
					Sales Tax		\$0.00	
					<b>Total</b>		<b>\$1,005.40</b>	
							Account Charges	\$1,005.40



T0093827

10-23-18  
31144

10/23/2018 8:48:32 AM

SAME

**Supplies Used :**

AU0100520 154B03 - Rag, bridge painter 1BOX \$132

HA0105045 154B03 – LATEX GLOVES 3BOXES \$15.69

AW0300510 154B03 – PAINT BRUSHES 6 \$32.82

AS0100310 - SAFETY FACE SHIELD 6 \$23.88